Initial Approval: July 26, 2017

CRITERIA FOR PRIOR AUTHORIZATION

Kevzara® (sarilumab)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Sarilumab (Kevzara®)

CRITERIA FOR RHEUMATOID ARTHRITIS (RA): (must meet all of the following)

- Patient must have a diagnosis of rheumatoid arthritis (RA)
- Patient must have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs) (see attached table)
- Must be prescribed by a rheumatologist
- Evaluation for latent tuberculosis (TB) with TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days
- Patient must not have any of the following:
    - ANC less than 2000/mm^3
    - Platelets less than 150,000/mm^3
    - Liver transaminases above 1.5 times ULN, active hepatic disease, or hepatic impairment (including patients with positive HBV or HCV serology)

LENGTH OF APPROVAL 12 months

Notes:

- The recommended dosage is 200 mg once every two weeks, administered as a subcutaneous injection.

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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DATE DATE

Biologic Agents	
Generic Name	**Brand Name**
Abatacept	Orencia®
Adalimumab	Humira®, Amjevita®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Tocilizumab	Actemra®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Etanercept	Enbrel®, Erelzi®
Tofacitinib	Xeljanz®, Xeljanz XR®
Ustekinumab	Stelara®
Secukinumab	Cosentyx®
Vedolizumab	Entyvio®
Canakinumab	Ilaris®
Apremilast	Otezla®
Ixekizumab	Taltz®
Infliximab	Remicade®, Inflectra®, Renflexis®

Disease-Modifying Antirheumatic Drugs (DMARDs)	
Generic Name	**Brand Name**
Leflunomide	Arava®
Hydroxychloroquine	Plaquenil®
Methotrexate	Trexall®, Rheumatrex®, Xatmep®, Rasuvo®, Otrexup®
Sulfasalazine	Azulfidine®
Cyclosporine	Sandimmune®
Azathioprine	Imuran®, Azasan®